

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF WASHINGTON

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Wayron, LLC

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 91-2180237

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	1133 California Way Longview, WA 98632 Number, Street, City, State & ZIP Code	POB 1059 Longview, WA 98632 P.O. Box, Number, Street, City, State & ZIP Code
	Cowlitz County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.wayron.com

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3323

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Wayron, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 1, 2017**
MM / DD / YYYY

X **/s/ Jeff Spendlove**
Signature of authorized representative of debtor

Jeff Spendlove
Printed name

Title **Member**

18. Signature of attorney **X** **/s/ Albert N. Kennedy**
Signature of attorney for debtor

Date **May 1, 2017**
MM / DD / YYYY

Albert N. Kennedy
Printed name

Tonkon Torp LLP
Firm name

1600 Pioneer Tower
888 SW Fifth Ave
Portland, OR 97204-2099
Number, Street, City, State & ZIP Code

Contact phone **503-221-1440** Email address **albert.kennedy@tonkon.com**

WSBA No. 15074
Bar number and State

Fill in this information to identify the case:

Debtor name Wayron, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 1, 2017

X /s/ Jeff Spendlove

Signature of individual signing on behalf of debtor

Jeff Spendlove

Printed name

Member

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Wayron, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **49,808.66****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **49,808.66****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **195,546.09****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **938,327.80****4. Total liabilities**
Lines 2 + 3a + 3b\$ **1,133,873.89**

Fill in this information to identify the case:Debtor name Wayron, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. US BankChecking Account5371\$5,268.453.2. US BankChecking Account5389\$288.383.3. US BankChecking Account5405\$400.29**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5,957.12**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

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Best Case Bankruptcy

Debtor Wayron, LLC
Name

Case number (If known) _____

☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 23,590.22 - 0.00 =.... \$23,590.22
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$23,590.22

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. 1983 white GMC Curbmaster van. VIN 1GDHP32T9D3502397. Unknown FMV \$500.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

Debtor Wayron, LLC
Name

Case number (If known) _____

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
See attached. Located at 1133 California Way, Longview, WA; 1110 California Way, Longview, WA; 1201 Baltimore St., Longview, WA; 1215 Baltimore St., Longview, WA; and 1221 Baltimore St., Longview, WA.

	Unknown	FMV	
			\$19,330.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$19,830.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

Washington state excise tax refund

Tax year **2016**

\$431.32

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Debtor Wayron, LLC
Name

Case number (If known) _____

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$431.32

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

**ATTACHMENT TO SCHEDULE B
WAYRON, LLC EQUIPMENT LIST**

DESCRIPTION	QUANTITY	FMV	TOTAL VALUE
1983 GMC Van	1	\$ 500.00	\$ 500.00
Battery-Powered Respirator	2	\$ 50.00	\$ 100.00
Chairs	19	\$ 10.00	\$ 190.00
Desks, Office	10	\$ 50.00	\$ 500.00
Desks, Storage	2	\$ 50.00	\$ 100.00
Fax Machine	1	\$ 25.00	\$ 25.00
Filing Cabinets, Short	4	\$ 10.00	\$ 40.00
Filing Cabinets, Tall	10	\$ 25.00	\$ 250.00
Laser Printer	1	\$ 50.00	\$ 50.00
Office Chairs	15	\$ 10.00	\$ 150.00
Scanner	1	\$ 25.00	\$ 25.00
Tables, Drafting	3	\$ 50.00	\$ 150.00
Misc Office/Desk Supplies	1	\$ 250.00	\$ 250.00
Cranes	17	\$ 1,000.00	\$ 17,000.00
TOTAL:			\$ 19,330.00

Debtor Wayron, LLC
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$5,957.12</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$23,590.22</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$19,830.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$431.32</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$49,808.66</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$49,808.66</u>

Fill in this information to identify the case:Debtor name **Wayron, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Faye Dietz and Jeff Spendlove Creditor's Name 2853 NE Cole Avenue McMinnville, OR 97128 Creditor's mailing address Creditor's email address, if known Date debt was incurred 9/12/2013 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien UCC # 2013-255-8581-8. Describe the lien Promissory Note in original amount of \$600,000 Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$195,546.09 \$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$195,546.09**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Faye Dietz 2853 NE Cole Avenue McMinnville, OR 97128	Line 2.1	
Jeff Spendlove 17907 Beaver Falls Rd Clatskanie, OR 97016	Line 2.1	

Fill in this information to identify the case:Debtor name **Wayron, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address
**Attorney General s Office-State of WA
Attn Zachary Mosner, Asst Atty General
Bankruptcy & Collections Unit
800 Fifth Ave #2000
Seattle, WA 98104-3188**

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Precautionary - State taxes

Is the claim subject to offset?

☒ No☐ Yes**Total claim** **Priority amount****\$0.00** **\$0.00**

2.2 Priority creditor's name and mailing address
**City of Longview
Finance Department
PO Box 128
Longview, WA 98632**

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Precautionary - City taxes

Is the claim subject to offset?

☒ No☐ Yes**\$0.00** **\$0.00**

Name

2.3	Priority creditor's name and mailing address IRS POB 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Precautionary - Federal taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address ODR Bkcy 955 Center NE #353 Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Precautionary - State taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Oregon Dept of Revenue PO Box 14800 Salem, OR 97309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Precautionary - State taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address U.S. Attorney's Office Attn: Bankruptcy Assistant 700 Stewart St, #5220 Seattle, WA 98101-1271	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Precautionary - Federal taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Name

3.1	Nonpriority creditor's name and mailing address Ace Galvanizing 429 South 96th St Seattle, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,027.35
3.2	Nonpriority creditor's name and mailing address Advanced Finishing Systems 2304 N Killinsworth Portland, OR 97217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,786.05
3.3	Nonpriority creditor's name and mailing address Air Pro Heating and Cooling 967 3rd Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.4	Nonpriority creditor's name and mailing address Airgas USA, LLC 1165 Columbia Blvd Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.5	Nonpriority creditor's name and mailing address Akzo Nobel Paint POB 847120 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.6	Nonpriority creditor's name and mailing address Alaska Cascade Financial Svcs 2005 SW 356th St POB 4162 Federal Way, WA 98023 Date(s) debt was incurred ____ Last 4 digits of account number port	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Collection matter Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,917.44
3.7	Nonpriority creditor's name and mailing address American Workforce Group, Inc. 1104 14th Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.8	Nonpriority creditor's name and mailing address Andrew P Spendlove 2016 42nd Ave Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address Applied Industrial Tech POB 100538 Pasadena, CA 91189 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address Arthur J Martinez, Jr 1908 Dorothy #3 Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.11	Nonpriority creditor's name and mailing address AT&T Mobility POB 6463 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Telephone services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.42
3.12	Nonpriority creditor's name and mailing address Baxter Auto Parts, Inc. 8444 N Whitaker Rd Portland, OR 97217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.13	Nonpriority creditor's name and mailing address Boilermaker Nat'l Funds Wilson-McShane Corp Attn: Kay Min 754 Minnesota Ave Dkansas City, KS 66101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Late Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$431.61
3.14	Nonpriority creditor's name and mailing address Boilermaker-Blacksmith National Pension Trust 754 Minnesota Ave. Kansas City, KS 66101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pension liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495,000.00

3.15	Nonpriority creditor's name and mailing address Boilermaker-Blacksmith NPT c/o Blake & Uhlig PA 475 New Brotherhood Building 753 State Avenue Kansas City, KS 66101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Boilermakers Local No. 104 Lance Hickey, VP/Asst. BM 2800 1st Ave., Suite 220 Seattle, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Brett E LaFever 3108 Crestline Place Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address Brian E Crews 3299 Washington Way Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Brown Strauss Steel 150 Panel Way Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number <u>8310</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,160.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Bud Clary Chevrolet 1030 Commerce Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Burt & Associates 801 E. Campbell Road Richardson, TX 75081 Date(s) debt was incurred ____ Last 4 digits of account number <u>2624</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,513.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Name

3.22	Nonpriority creditor's name and mailing address C&H Distributers, Inc. POB 88031 Milwaukie, WI 53288 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23	Nonpriority creditor's name and mailing address C&H Industrial Tool and Supply 1160 3rd Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.24	Nonpriority creditor's name and mailing address C&L Auto Licensing 957 14th Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.25	Nonpriority creditor's name and mailing address Carboline Co POB 931942 Cleveland, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number <u>3000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,020.52
3.26	Nonpriority creditor's name and mailing address Cascade Fire Safety, Inc. POB 244 Vancouver, WA 98666 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.27	Nonpriority creditor's name and mailing address Cascade Hydraulics and Machine POB 2787 Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.28	Nonpriority creditor's name and mailing address Cascade Industrial Services 14300 NE 20th D 102-231 Vancouver, WA 98686 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.29	Nonpriority creditor's name and mailing address Cascade Natural Gas POB 990065 Boise, ID 83799 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.43
3.30	Nonpriority creditor's name and mailing address Cascade Networks POB 887 Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.49
3.31	Nonpriority creditor's name and mailing address Cascade Nut and Bolt POB 12787 Salem, OR 97309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.32	Nonpriority creditor's name and mailing address CCC of New York 34 Seymour St Tonawanda, NY 14150 Date(s) debt was incurred ____ Last 4 digits of account number <u>0PDM</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,702.42
3.33	Nonpriority creditor's name and mailing address CED POB 1120 Vancouver, WA 98666 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.34	Nonpriority creditor's name and mailing address CenturyLink POB 91155 Seattle, WA 98111 Date(s) debt was incurred ____ Last 4 digits of account number <u>853B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.17
3.35	Nonpriority creditor's name and mailing address Charles D Gaultier 147 18th Ave Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.36	Nonpriority creditor's name and mailing address Chester Scott 20359 Ilmari Rd Clatskanie, OR 97016 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.37	Nonpriority creditor's name and mailing address City of Longview POB 128 Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Utilities.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$19,320.71
3.38	Nonpriority creditor's name and mailing address City of Longview B&O Tax POB 128 Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.39	Nonpriority creditor's name and mailing address City of Longview Finance Dept. POB 128 Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Governmental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$423.00
3.40	Nonpriority creditor's name and mailing address Coast Aluminum Dept 2940 Los Angeles, CA 90084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.41	Nonpriority creditor's name and mailing address Columbia Riverkeeper 111 Third Street Hood River, OR 97031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.42	Nonpriority creditor's name and mailing address Columbia Security POB 775 Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.43	Nonpriority creditor's name and mailing address Corey G Wasson 4614 Windemere St Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.44	Nonpriority creditor's name and mailing address Cowlitz County Auditor 207 N 4th Ave Room 206 Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.45	Nonpriority creditor's name and mailing address Cowlitz County Treasurer 207N 4th Ave Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Personal Property Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.46	Nonpriority creditor's name and mailing address Cowlitz PUD 961 12th Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electric</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,217.53
3.47	Nonpriority creditor's name and mailing address Curtis P Mattison 170 Michels Rd Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.48	Nonpriority creditor's name and mailing address Dean W Carriker 430 Nevada Drive Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.49	Nonpriority creditor's name and mailing address Dennis W Kenyon 3666 N Wenas Rd Selah, WA 98942 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.50	Nonpriority creditor's name and mailing address Dewar Alarm System 1105 N 4th Ave Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Alarm services. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.51	Nonpriority creditor's name and mailing address DEX POB 79167 Phoenix, AZ 95062 Date(s) debt was incurred ____ Last 4 digits of account number 5063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Advertising Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.52
3.52	Nonpriority creditor's name and mailing address Douglas Clay & Associates 1508 9th Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.53	Nonpriority creditor's name and mailing address Eli G Sancere 734 N Columbia Heights Rd Longview, WA 98632 Date(s) debt was incurred N/A Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary - Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.54	Nonpriority creditor's name and mailing address ElkHorn Contracting, LLC 375 Haryu Road Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.55	Nonpriority creditor's name and mailing address Emerald Services, Inc. 2600 North Central Exp. Suite 400 Richardson, TX 75080 Date(s) debt was incurred ____ Last 4 digits of account number 9361	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.56	Nonpriority creditor's name and mailing address Everton J Schmidt PO Box 936 Castle Rock, WA 98661 Date(s) debt was incurred N/A Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary - Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.57	Nonpriority creditor's name and mailing address Farwest Steel POB 1026 Eugene, OR 97440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,094.16
3.58	Nonpriority creditor's name and mailing address Fastenal Company POB 1286 Winona, MN 55987 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.59	Nonpriority creditor's name and mailing address Faye Dietz 2853 NE Cole Avenue McMinnville, OR 97128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice - secured party.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.60	Nonpriority creditor's name and mailing address Ferguson Enterprises POB 847411 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.61	Nonpriority creditor's name and mailing address Fire Systems West 206 Frontage Road North Pacific, WA 98047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.62	Nonpriority creditor's name and mailing address Forrest Technical Coatings POB 22110 Eugene, OR 97402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.63	Nonpriority creditor's name and mailing address Futcher Group 700 Lincoln St Suite 200 Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.64	Nonpriority creditor's name and mailing address Galvanizers Company 2406 NW 30th Ave Portland, OR 97210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.65	Nonpriority creditor's name and mailing address Gary Bishop 365 24th Ave Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.66	Nonpriority creditor's name and mailing address Grating Fabricators, Inc. 3001 SE Columbia Way Building 41 Bay 3 Vancouver, WA 98661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,583.59
3.67	Nonpriority creditor's name and mailing address Grating Pacific LLC 2775 N Front St Woodburn, OR 97071 Date(s) debt was incurred ____ Last 4 digits of account number <u>ayro</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$238.00
3.68	Nonpriority creditor's name and mailing address Heavy Hauling Company, Inc. 2304 Talley Way Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.69	Nonpriority creditor's name and mailing address HUB International NW POB 749672 Los Angeles, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.70	Nonpriority creditor's name and mailing address IBPAT (Painter's) Union 6770 E Marginal Way South Building E-321 Seattle, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Union</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.71	Nonpriority creditor's name and mailing address ICCI Paint 2090 Commerce Drive Medford, OR 97504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.72	Nonpriority creditor's name and mailing address Ideal Steel, Inc. 90693 Link Rd Eugene, OR 97402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.73	Nonpriority creditor's name and mailing address Ingold Law 5555 Main Street Williamsville, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number <u>0300</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,702.42
3.74	Nonpriority creditor's name and mailing address Int'l Brotherhood of Boilermakers 2800 1st Ave Suite 220 Seattle, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Union</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.75	Nonpriority creditor's name and mailing address International Paint LLC POB 849202 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number <u>29US</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,219.23
3.76	Nonpriority creditor's name and mailing address James A Lee 4636 SR4 Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.77	Nonpriority creditor's name and mailing address James C Wright 2428 N Standard St Spokane, WA 99207 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.78	Nonpriority creditor's name and mailing address James E Fisher 152 Cowlitz Gardens Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.79	Nonpriority creditor's name and mailing address James J Cox PO Box 203 Toutle, WA 98649 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.80	Nonpriority creditor's name and mailing address Jeff A Quick 3042 Florida St Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.81	Nonpriority creditor's name and mailing address Jeff Spendlove 17907 Beaver Falls Rd Clatskanie, OR 97016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice - secured party.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.82	Nonpriority creditor's name and mailing address Jeremy A Junnikkala 2249 46th Ave Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.83	Nonpriority creditor's name and mailing address JH Kelly 821 Third Avenue POB 2038 Longview, WA 98632 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.84	Nonpriority creditor's name and mailing address John J McAllister 368 18th Ave Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.85	Nonpriority creditor's name and mailing address John S Geis 72129 Apiary Rd Rainier, OR 97048 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.86	Nonpriority creditor's name and mailing address Jonathon M Boaglio 508 S 3rd Ave Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.87	Nonpriority creditor's name and mailing address Kaeleen Vargas 1209 20th #3 Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.88	Nonpriority creditor's name and mailing address Karen Askin 1305 S. 11th Ave Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.89	Nonpriority creditor's name and mailing address Karl H Graichen 21718 Lindberg Rd Clatskanie, OR 97016 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.90	Nonpriority creditor's name and mailing address Kennedy/Jenks 421 SW 6th Ave Suite 1000 Portland, OR 97204 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,892.38
3.91	Nonpriority creditor's name and mailing address Kenneth A Nestor 8716 Shoshone Way Orange Vale, CA 95662 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.92	Nonpriority creditor's name and mailing address Kevin D Rahn 1315 14th Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Legal Services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.93	Nonpriority creditor's name and mailing address Kloeckner Metals Department 0513 Los Angeles, CA 90084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.94	Nonpriority creditor's name and mailing address Kory McClain 2347 German Creek Rd Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.95	Nonpriority creditor's name and mailing address La Grand Industrial Supply POB 1959 Portland, OR 97207 Date(s) debt was incurred ____ Last 4 digits of account number <u>1600</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,032.82
3.96	Nonpriority creditor's name and mailing address Lance G Fisk 651 N Keller East Wenatchee, WA 98801 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.97	Nonpriority creditor's name and mailing address LG Isaacson Company POB 127 Aberdeen, WA 98520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.98	Nonpriority creditor's name and mailing address Lowes Machine 201 Frank Smith Rd Toutle, WA 98649 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$980.00

3.99	Nonpriority creditor's name and mailing address Machinist H&W Fund POB 34085 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Union</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.100	Nonpriority creditor's name and mailing address Machinist Union (IAM) 9135 15th Place Seattle, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Union</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101	Nonpriority creditor's name and mailing address Machinists District Lodge 160 Greg Heidal 3516 S. 47th St., Ste. 105 Tacoma, WA 98409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102	Nonpriority creditor's name and mailing address Mark Fleischauer 831 3rd Ave. Longview, WA 98632-2105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only - attorney for JH Kelly and WELD Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103	Nonpriority creditor's name and mailing address Mark's Metals Technology POB 95 Clackamas, OR 97015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104	Nonpriority creditor's name and mailing address Mathesson Tri-Gas Inc. Dept. LA 23793 Pasadena, CA 91185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,312.40
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3.105	Nonpriority creditor's name and mailing address Matthew D Harding 264 W. Beacon Hill Drive Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

3.106	Nonpriority creditor's name and mailing address McMaster Carr POB 7690 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.107	Nonpriority creditor's name and mailing address Michael D Olson 1987 A State Hwy 6 Chehalis, WA 98532 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108	Nonpriority creditor's name and mailing address Michael P Olson 406 Rons Court Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.109	Nonpriority creditor's name and mailing address Michael R Puvogel 2325 Jennifer Place Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.110	Nonpriority creditor's name and mailing address Michael R Sager 2324 Jennifer Place Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111	Nonpriority creditor's name and mailing address Miller Paint Company POB 20609 Portland, OR 97294 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112	Nonpriority creditor's name and mailing address Minuteman Press 402 West Main Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Wayron, LLC <small>Name</small>	Case number (if known) _____
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3.113	Nonpriority creditor's name and mailing address Miranda L Wagner 1213 Ross St Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114	Nonpriority creditor's name and mailing address Moises D Mercado 2904 L Street Vancouver, WA 98663 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115	Nonpriority creditor's name and mailing address Motion Industries POB 98412 Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116	Nonpriority creditor's name and mailing address Mutual of Enumclaw POB 34983 Seattle, WA 98124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117	Nonpriority creditor's name and mailing address NACM Business Credit Svcs 910 SW Spokane St., Bldg A. Seattle, WA 98134 Date(s) debt was incurred _____ Last 4 digits of account number <u>1294</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,123.15
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3.118	Nonpriority creditor's name and mailing address National Board Boiler & Pressure Vessel Insp 1055 Crupper Ave Columbus, OH 43229 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119	Nonpriority creditor's name and mailing address Nels B Hendrickson 2131 35th Ave Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

3.120	Nonpriority creditor's name and mailing address NLRB 1015 Half Street SE Washington, DC 20570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.121	Nonpriority creditor's name and mailing address Northwest Steel and Pipe POB 11247 Tacoma, WA 98411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,259.70
3.122	Nonpriority creditor's name and mailing address Office Express 2304 Talley Way Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123	Nonpriority creditor's name and mailing address Office Systems 1427 15th Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124	Nonpriority creditor's name and mailing address Oregon Secretary of State Corporation Div POB 4353 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.125	Nonpriority creditor's name and mailing address Pacific Energy Group 801 Main Street Vancouver, WA 98660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Utility.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.126	Nonpriority creditor's name and mailing address Pacific Machinery and Tool 3445 SW Luzon St Portland, OR 97210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.127	Nonpriority creditor's name and mailing address Pacific Northwest Collections 819 Pacific Ave. Tacoma, WA 98402 Date(s) debt was incurred ____ Last 4 digits of account number <u>0311</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,574.59
3.128	Nonpriority creditor's name and mailing address Painters Local 10 (& Allied Trades) Jeff Brooks 11105 NE Sandy Blvd. Portland, OR 97220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129	Nonpriority creditor's name and mailing address Paladin Commercial Group Inc. 12200 E Briarwood Ave Suite 250 Centennial, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number <u>6477</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,094.16
3.130	Nonpriority creditor's name and mailing address Gary L Palmer 443 N Mapve Hill Rd Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.131	Nonpriority creditor's name and mailing address Pape Material Handling POB 5077 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.132	Nonpriority creditor's name and mailing address Paul E Dean PO Box 1216 Clatskanie, OR 97016 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133	Nonpriority creditor's name and mailing address Paul J Fehr 3102 Hawthorne St Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.134	Nonpriority creditor's name and mailing address PCCI POB 84162 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135	Nonpriority creditor's name and mailing address PDM Service Centers, Inc. POB 740975 Los Angeles, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number <u>2220</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,702.42
3.136	Nonpriority creditor's name and mailing address Performance Sheet Metal POB 1456 Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.137	Nonpriority creditor's name and mailing address Professional Services Inc. 7192 Solution Center Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number <u>1379</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$534.20
3.138	Nonpriority creditor's name and mailing address Puget Sound Pipe & Supply Co. POB 97010 Kent, WA 98064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.139	Nonpriority creditor's name and mailing address Randal D Byrum 120 Laughlin Rd Castle Rock, WA 98611 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.140	Nonpriority creditor's name and mailing address Rem Steel Sales, Inc. 9109 N. Wilbur Ave Portland, OR 97217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.141	Nonpriority creditor's name and mailing address Richard A Myers 1210 Maxwell Lane Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.142	Nonpriority creditor's name and mailing address Richard Crenshaw 20 Pacific Place Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.143	Nonpriority creditor's name and mailing address Ricky D Lovett 3277 Washington Way Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.144	Nonpriority creditor's name and mailing address Robert E Colin 124 Adams Drive Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.145	Nonpriority creditor's name and mailing address Robert G McCain 176 Hometown Dr Kelso, WA 98626 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.146	Nonpriority creditor's name and mailing address Robert K Stone 2122 S Silver Lake Rd Castle Rock, WA 98661 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.147	Nonpriority creditor's name and mailing address Rod Alahashimi 5600 Mt Solo Rd #120 Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.148	Nonpriority creditor's name and mailing address Rogers Machinery Company Inc. POB 230429 Portland, OR 97281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.149	Nonpriority creditor's name and mailing address Ronnie Nakonsky 5609 Finch Dr #122 Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150	Nonpriority creditor's name and mailing address Rusty R Kaufman 1166 10th Ave Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151	Nonpriority creditor's name and mailing address S&R Sheet Metal, Inc. 1300 Walnut St Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.152	Nonpriority creditor's name and mailing address Safway Services, Inc. 2409 Talley Way Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,647.00
3.153	Nonpriority creditor's name and mailing address Samuel W Drake 831 S Clark St Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.154	Nonpriority creditor's name and mailing address Scott P McSkimming 345 20th Ave Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.155	Nonpriority creditor's name and mailing address Seaport Steel POB 3625 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,800.00
3.156	Nonpriority creditor's name and mailing address Seattle Galvanizing Company 6010 199th St NE Arlington, WA 98223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.157	Nonpriority creditor's name and mailing address Sherwin Williams 1740 SE Powell Blvd Gresham, OR 97030 Date(s) debt was incurred ____ Last 4 digits of account number 3463	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,956.08
3.158	Nonpriority creditor's name and mailing address Sierra Springs POB 660579 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number 7900	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.25
3.159	Nonpriority creditor's name and mailing address Skyline Steel, LLC 24771 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.160	Nonpriority creditor's name and mailing address Ralph S Spears 1154 Spirit Lake Hwy Castle Rock, WA 98611 Date(s) debt was incurred N/A Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary - Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.161	Nonpriority creditor's name and mailing address Stan M Kephart 1515 Baltimore Ave Longview, WA 98632 Date(s) debt was incurred N/A Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary - Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.162	Nonpriority creditor's name and mailing address State of Washington Dept. of Ecology POB 34050 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees, Fines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.163	Nonpriority creditor's name and mailing address State of Washington Dept. of Labor & Industries POB 24106 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees, Fines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.164	Nonpriority creditor's name and mailing address State of Washington Dept. of Labor & Industries Boiler Pressure Vessel Sect POB 44410 Olympia, WA 98504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.165	Nonpriority creditor's name and mailing address State of Washington Employment Security POB 34467 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.166	Nonpriority creditor's name and mailing address Steel Painters Inc. 700 Colorado St Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,130.00
3.167	Nonpriority creditor's name and mailing address Stephen D Hoyt 116 Clark Creek Lane Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.168	Nonpriority creditor's name and mailing address Stud Welding Supply 2119 SE Columbia Way Vancouver, WA 98661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.169	Nonpriority creditor's name and mailing address Superior Tire Service 650 14th Ave Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,981.72
3.170	Nonpriority creditor's name and mailing address Sutinen Consulting POB 1253 Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Professional Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.50
3.171	Nonpriority creditor's name and mailing address SW Washington Clean Air Agency 11815 NE 99th St Suite 1294 Vancouver, WA 98682 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$724.14
3.172	Nonpriority creditor's name and mailing address Three Rivers Industrial Machine 2201 Talley Way Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.173	Nonpriority creditor's name and mailing address Timothy J Fletcher 501 Cowlitz Way Kelso, WA 98626 Date(s) debt was incurred N/A Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary - Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.174	Nonpriority creditor's name and mailing address Tnemec Paint Company POB 843797 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.175	Nonpriority creditor's name and mailing address Todd R Stange 2355 30th Ave Longview, WA 98632 Date(s) debt was incurred N/A Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary - Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.176	Nonpriority creditor's name and mailing address Triton Lawn & Yard Maintenance POB 1206 Rainier, OR 97048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.177	Nonpriority creditor's name and mailing address TuCo Industrial Products, Inc. 5223 180th St Southwest Suite 4A Lynnwood, WA 98037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$796.34
3.178	Nonpriority creditor's name and mailing address Tyler W Puvogel 2325 Jennifer Place Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179	Nonpriority creditor's name and mailing address UMTA 1919 NE Pacific St Portland, OR 97232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.180	Nonpriority creditor's name and mailing address United Employers Association 906 NE 19th Avenue Portland, OR 97232 Date(s) debt was incurred ____ Last 4 digits of account number <u>0117</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285.00
3.181	Nonpriority creditor's name and mailing address Vancouver Bolt & Supply, Inc. 805 West 11th St Vancouver, WA 98660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.72
3.182	Nonpriority creditor's name and mailing address Vernon Jones 2518 38th Ave Longview, WA 98632 Date(s) debt was incurred <u>N/A</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary - Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.183	Nonpriority creditor's name and mailing address Walstead Mertsching POB 1549 Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.184	Nonpriority creditor's name and mailing address Wasser Corporation POB 347194 Pittsburg, PA 15251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,840.80
3.185	Nonpriority creditor's name and mailing address Waste Control, Inc. 1150 3rd Avenue Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number <u>8570</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.97
3.186	Nonpriority creditor's name and mailing address WELD, Inc. Dan Evans 1318 River Road Longview, WA 98632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Property Lease/Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.187	Nonpriority creditor's name and mailing address Wesco Evergreen Paint POB 5003 Lynnwood, WA 98046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.11
3.188	Nonpriority creditor's name and mailing address Western Fabrication Center Inc 2203 Talley Way Kelso, WA 98626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.189	Nonpriority creditor's name and mailing address Western Metals Industry Pension POB 23159 Seattle, WA 98102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pension Liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,478.20

Name

<div>3.190</div> <div>Nonpriority creditor's name and mailing address</div> <div>Wilcox & Flegel</div> <div>POB 69</div> <div>Longview, WA 98632</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: Trade Debt</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$540.64</div>
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<div>3.191</div> <div>Nonpriority creditor's name and mailing address</div> <div>William F Gressett</div> <div>219 Painter Roth Rd</div> <div>Kelso, WA 98626</div> <div>Date(s) debt was incurred N/A</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: Precautionary - Wages</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$0.00</div>
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<div>3.192</div> <div>Nonpriority creditor's name and mailing address</div> <div>William L McCain</div> <div>3635 Pennsylvania St</div> <div>Longview, WA 98632</div> <div>Date(s) debt was incurred N/A</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: Precautionary - Wages</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$0.00</div>
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<div>3.193</div> <div>Nonpriority creditor's name and mailing address</div> <div>William M Puvogel</div> <div>2325 Jennifer Place</div> <div>Longview, WA 98632</div> <div>Date(s) debt was incurred N/A</div> <div>Last 4 digits of account number N/A</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: Precautionary - Wages</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$0.00</div>
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<div>3.194</div> <div>Nonpriority creditor's name and mailing address</div> <div>Woods Logging & Supply</div> <div>PO Drawer K</div> <div>Longview, WA 98632</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: Precautionary.</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$0.00</div>
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

<div>5a. Total claims from Part 1</div> <div>5b. Total claims from Part 2</div> <div>5c. Total of Parts 1 and 2</div> <div>Lines 5a + 5b = 5c.</div>	<div>Total of claim amounts</div> <div>5a. \$ 0.00</div> <div>5b. + \$ 938,327.80</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div>5c. \$ 938,327.80</div> </div>
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Fill in this information to identify the case:

Debtor name Wayron, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Month-to-month real property lease.**

State the term remaining

List the contract number of any government contract _____

**WELD, Inc.
Dan Evans
1318 River Road
Longview, WA 98632**

Fill in this information to identify the case:Debtor name **Wayron, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Faye Dietz****2853 NE Cole Avenue
McMinnville, OR 97128****WELD, Inc.**☐ D _____
☐ E/F _____
☒ G **2.1****2.2 Jeff Spendlove****17907 Beaver Falls Rd
Clatskanie, OR 97016****WELD, Inc.**☐ D _____
☐ E/F _____
☒ G **2.1**

Fill in this information to identify the case:Debtor name Wayron, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2017** to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$107,324.00****For prior year:**From **1/01/2016** to **12/31/2016**☒ Operating a business☐ Other _____**\$1,642,198.00****For year before that:**From **1/01/2015** to **12/31/2015**☒ Operating a business☐ Other _____**\$3,423,712.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**For prior year:**From **1/01/2016** to **12/31/2016****Interest****\$70.00****For year before that:**From **1/01/2015** to **12/31/2015****Interest****\$991.00****Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Cowlitz PUD 961 12th Ave Longview, WA 98632	2/28/17; 3/14/17; 3/27/17; 4/3/17	\$6,678.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Utility</u>
3.2. WELD, Inc. Dan Evans 1318 River Road Longview, WA 98632	02/01/17; 3/01/17; 4/1/17	\$48,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.3. Ehli Auctions 9415 Pacific Ave. Tacoma, WA 98444	4/3/17; 4/25/17	\$30,586.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Auctioneer</u>
3.4. Tonkon Torp LLP 1600 Pioneer Tower - 888 SW Fifth Ave. Portland, OR 97204	2/7/17 (\$1,297.50); 3/20/17 (\$2,023.50); 3/28/17 (\$99); 4/25/17 (\$5,313); 4/30/17 (\$3,846.50) and 5/1/17 (\$822.50 includes filing fee of \$335)	\$13,420.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal services</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Faye Dietz and Jeff Spendlove 2853 NE Cole Avenue McMinnville, OR 97128 Members	See attachment.	\$297,105.08	Secured loan payments and sale of collateral.

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Wayron, LLC and International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers of America, Local 104; The International Association of Machinists and Aerospace Workers, AFL-CIO, District Lodge 160, Local Lodge 1350; and the International Union of Painters and Allied Trades, District Council 5 19-CA-032983	Union payments.	National Labor Relations Board 915 2nd Ave #2948 Seattle, WA 98174	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Columbia Riverkeeper v. Wayron, LLC 3:17-cv-05096-RBL	Violation of Clean Water Act. Case dismissed without prejudice.	US District Court Western District of Washington 1717 Pacific Ave. Tacoma, WA 98402	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	Alaska Cascade Financial Services v. Wayron, LLC 17 2 00205 5	Collections - Seaport Steel	Cowlitz County Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Wayron, LLC v City of Longview 14 2 009675	Overcharges for services	Cowlitz County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. **Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Tonkon Torp LLP 1600 Pioneer Tower - 888 SW Fifth Ave. Portland, OR 97204		2/7/2017	\$1,297.50
	Email or website address			
	Who made the payment, if not debtor?			
11.2.	Tonkon Torp LLP 1600 Pioneer Tower - 888 SW Fifth Ave. Portland, OR 97204		3/20/2017	\$1,503.50
	Email or website address			
	Who made the payment, if not debtor?			

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.3.	Tonkon Torp LLP 1600 Pioneer Tower - 888 SW Fifth Ave. Portland, OR 97204		3/28/2017	\$99.00
	Email or website address _____			
	Who made the payment, if not debtor? _____			
11.4.	Tonkon Torp LLP 1600 Pioneer Tower - 888 SW Fifth Ave. Portland, OR 97204	Retainer.	4/5/2017	\$10,000.00
	Email or website address _____			
	Who made the payment, if not debtor? _____			
11.5.	Tonkon Torp LLP 1600 Pioneer Tower - 888 SW Fifth Ave. Portland, OR 97204	Paid from retainer received 4/5/2017.	4/25/2017	\$4,053.00
	Email or website address _____			
	Who made the payment, if not debtor? _____			
11.6.	Tonkon Torp LLP 1600 Pioneer Tower - 888 SW Fifth Ave. Portland, OR 97204	Paid from retainer received 4/5/2017.	4/30/2017	\$3,544.50
	Email or website address _____			
	Who made the payment, if not debtor? _____			
11.7.	Tonkon Torp LLP 1600 Pioneer Tower - 888 SW Fifth Ave. Portland, OR 97204	Paid from retainer received 4/5/2017 (includes filing fee of \$335).	5/1/17	\$822.50
	Email or website address _____			
	Who made the payment, if not debtor? _____			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Bud Clary Chevrolet 1030 Commerce Ave Longview, WA 98632	Sale of following titled vehicles for amounts noted: 1996 Chevrolet (\$1000), 2004 Chevrolet (\$12,000), 2007 Chevrolet (\$6,500), 2007 Chevrolet (\$17,000), 2007 Chevrolet (\$16,000), 2008 Chevrolet (\$10,000), 2007 Chevrolet (\$19,000), and 2009 Chevrolet (\$16,500).	January 17, 2017	\$98,000.00
	Relationship to debtor			
13.2	Ehli Auctions 9415 Pacific Ave. Tacoma, WA 98444	Auction of substantially all of Debtor's machinery, equipment, and inventory on April 13, 2017. Detailed auctioneers' report available on request.	April 13, 2017	\$232,815.56
	Relationship to debtor			
13.3	Ehli Auctions 9415 Pacific Ave. Tacoma, WA 98444	1998 Great Dane 45' HiBoy Flatbed Trailer (VIN #1GRDM9421JM007406)	April 13, 2017	\$2,600.00
	Relationship to debtor			
13.4	Ehli Auctions 9415 Pacific Ave. Tacoma, WA 98444	2004 Load-Trail Tandem Dual Axle 27+5 Gooseneck Trailer w/(2) Bunks (VIN# 1GBJ6H1J104835)	April 13, 2017	\$7,250.00
	Relationship to debtor			
13.5	Ehli Auctions 9415 Pacific Ave. Tacoma, WA 98444	1997 Chevrolet C6500 Flatbed, Diesel, Manual (VIN# 1GBJ6H1J1VJ104835)	April 13, 2017	\$5,200.00
	Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	US National Bank 1452 Hudson St. Longview, WA 98632	XXXX-4055	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	January 2016	\$999.96
18.2.	US National Bank 1452 Hudson St. Longview, WA 98632	XXXX-5397	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	January 2017	\$537.23

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.3.	US National Bank 1452 Hudson St. Longview, WA 98632	XXXX-7404	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	January 2017	\$0.00
18.4.	US National Bank 1452 Hudson St. Longview, WA 98632	XXXX-7396	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	January 2017	\$0.00
18.5.	US National Bank 1452 Hudson St. Longview, WA 98632	XXXX-5795	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	January 2017	\$0.00
18.6.	Key Bank 1750 Hudson St Longview, WA 98632	XXXX-8794	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Certificate of Deposit</u>	December 2016	\$12,111.08
18.7.	US National Bank 1452 Hudson St. Longview, WA 98632	XXXX-1909	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Credit card machine</u>	February 2017	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
WELD, Inc. Dan Evans 1318 River Road Longview, WA 98632	1133 California Way, 1110 California Way, 1201 Baltimore St., 1215 Baltimore St., and 1221 Baltimore St. Longview, WA 98632	Heating/cooling systems, bankers boxes, plumbing/electrical fixtures	Unknown
Owner's name and address	Location of the property	Describe the property	Value
JH Kelly 821 Third Avenue POB 2038 Longview, WA 98632	1133 California Way Longview, WA 98632	Paint (original value of \$16,000)	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Western Fabrication Center, Inc. 2203 Talley Way Kelso, WA 98626	1133 California Way Longview, WA 98632	Large bagplant, small bagplant, sand transfer system, sand recovery system.	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☒ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Wayron, LLC 1215 Baltimore Longview, WA 98632	State of Washington Dept. of Ecology- Stormwater 300 Desmond Drive Lacey, WA 98503-1274	NPDES	10/25/16

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number <small>Do not include Social Security number or ITIN.</small>
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Futcher Group, CPA 700 Lincoln St Suite 200 Kelso, WA 98626	2004 - present.
26a.2. Faye Dietz Wayron, LLC 1133 California Way Longview, WA 98632	2004 - present.

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Faye Dietz Wayron, LLC 1133 California Way Longview, WA 98632	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Jeff Spendlove	17907 Beaver Falls Rd Clatskanie, OR 97016	Member	49

Name	Address	Position and nature of any interest	% of interest, if any
Faye Dietz	2853 NE Cole Avenue McMinnville, OR 97128	Managing Member	51

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Faye Dietz 2853 NE Cole Avenue McMinnville, OR 97128	\$75,000.64	See attached.	Compensation.

Relationship to debtor Member

30.2 Jeff Spendlove 17907 Beaver Falls Rd Clatskanie, OR 97016	\$70,000.32	See attached.	Compensation.
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Relationship to debtor Member

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Debtor **Wayron, LLC**

Case number (if known)

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

ATTACHMENT TO STATEMENT OF FINANCIAL AFFAIRS
#4 INSIDER PAYMENTS OR OTHER PROPERTY TRANSFERS

Name	Date of Payment	Amount	Reason for Payment
Faye Dietz and Jeff Spendlove	5/20/2016	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	6/20/2016	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	7/20/2016	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	8/19/2016	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	9/20/2016	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	10/20/2016	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	11/28/2016	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	12/20/2016	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	1/20/2017	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	2/20/2017	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	3/20/2017	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	4/20/2017	\$4,982.46	Secured loan payment
Faye Dietz and Jeff Spendlove	4/25/2017	\$232,815.56	Proceeds from collateral
Faye Dietz and Jeff Spendlove	4/26/2017	\$4,500.00	Proceeds from collateral

TOTAL:

\$297,105.08

ATTACHMENT TO STATEMENT OF FINANCIAL AFFAIRS
#30 INSIDER PAYMENTS, DISTRIBUTIONS, OR WITHDRAWALS (1 YEAR)

Name	Relationship to Debtor	Check 1 Amount	Check 2 Amount	Total Amount	Date	Reason for Providing
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	5/5/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	5/19/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	6/2/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	6/16/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	6/30/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	7/14/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	7/28/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	8/11/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	8/25/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	9/8/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	9/22/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	10/6/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	10/20/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	11/3/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	11/17/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	12/1/2016	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	1/1/2017	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	1/12/2017	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	1/26/2017	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	2/9/2017	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	2/23/2017	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	3/9/2017	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	3/23/2017	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	4/6/2017	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	4/20/2017	Compensation.
Faye Dietz	Insider	\$2,075.38	\$809.26	\$2,884.64	4/26/2017	Compensation.

TOTAL:

\$75,000.64

ATTACHMENT TO STATEMENT OF FINANCIAL AFFAIRS
#30 INSIDER PAYMENTS, DISTRIBUTIONS, OR WITHDRAWALS (1 YEAR)

Name	Relationship to Debtor	Check 1 Amount	Check 2 Amount	Total Amount	Date	Reason for Providing
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	5/5/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	5/19/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	6/2/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	6/16/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	6/30/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	7/14/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	7/28/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	8/11/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	8/25/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	9/8/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	9/22/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	10/6/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	10/20/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	11/3/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	11/17/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	12/1/2016	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	1/1/2017	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	1/12/2017	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	1/26/2017	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	2/9/2017	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	2/23/2017	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	3/9/2017	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	3/23/2017	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	4/6/2017	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	4/20/2017	Compensation.
Jeff Spendlove	Insider	\$2,004.77	\$687.55	\$2,692.32	4/26/2017	Compensation.
TOTAL:				\$70,000.32		

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 1, 2017**

/s/ Jeff Spendlove
Signature of individual signing on behalf of the debtor

Jeff Spendlove
Printed name

Position or relationship to debtor **Member**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

United States Bankruptcy Court
Western District of Washington

In re **Wayron, LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>0.00</u>
Prior to the filing of this statement I have received	\$	<u>10,985.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

5/1/2017

Date

/s/ Albert N. Kennedy**Albert N. Kennedy WASB No. 15074**

Signature of Attorney

Tonkon Torp LLP**1600 Pioneer Tower****888 SW Fifth Ave****Portland, OR 97204-2099****503-221-1440 Fax: 503-274-8779**

Name of law firm